

Please complete form, print, sign and mail to:

KANSAS STATE BOARD OF TECHNICAL PROFESSIONS

www.ksbtp.ks.gov

785-296-3053

900 SW Jackson Street, Suite 507, Topeka, KS 66612

APPLICATION FOR INDIVIDUAL REPLACEMENT LICENSE OR CERTIFICATE OF AUTHORIZATION FOR BUSINESS ENTITY

(This is an 8-1/2" by 11" size License or Certificate.)

INSTRUCTIONS: This completed application should be signed by the Individual Licensee OR Responsible Principal for a business entity, then submit by mail to KSBTP along with \$20.00 replacement fee as per "K.S.A. 74-7025(e) A new license or certificate of authorization, to replace any lost, destroyed or mutilated license, may be issued, subject to rules and regulations of the board, and a charge of \$20 shall be made for such issuance."

Send completed form and **\$20 fee** to: Kansas State Board of Technical Professions, 900 SW Jackson Street, Suite 507, Topeka, KS 66612.

Name of Individual Licensee OR Name of Business Entity:

License Number for Individual Licensee OR Business Entity: _____

Address for Mailing Replacement License: _____

(City/State/Zip)

Reason for Replacement:

Lost Mutilated Destroyed Other _____

Signature of Licensee OR Responsible Principal of Business Entity

Date